

Florida's Strategic Plan for The Elimination of Childhood Lead Poisoning

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**Prepared for:
Centers for Disease Control and Prevention (CDC)**

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INTRODUCTION

Lead poisoning is a serious environmental health problem that has life-long effects on children. The Center for Disease Control and Prevention (CDC) has termed lead poisoning “one of the most common pediatric health problems in the United States today...” (CDC 1991). Approximately 434,000 U.S. children aged one to five years old have blood lead levels greater than 10µg/dL, the CDC case definition of lead poisoning.

Lead based paint and lead contaminated dusts and soils remain the primary sources and pathways of lead exposure for children. Lead poisoning is often the result of the inhalation or ingestion of hazardous levels of lead in dust from lead based paint or in soil from the former use of leaded gasoline. In addition, children continue to be exposed to lead through air, water and food, as well as occupations and hobbies of parents and care takers.

Once lead is absorbed it can affect nearly every system in the body. It is a neurotoxin and is particularly harmful to the developing nervous system of a fetus or young child. Even at low levels, childhood lead poisoning has been linked to learning disabilities, behavioral problems and developmental delays. At very high levels seizures, coma, and even death can result. Fortunately, lead poisoning is entirely preventable.

The United States Department of Health and Human Services, Healthy People 2010 strategy for improving the Nation’s health includes eliminating elevated blood lead levels in young children aged one to five years old. The Florida Childhood Lead Poisoning Prevention Program (CLPPP) is laying the foundation for statewide elimination with plans to improve interagency cooperation, mobilize prevention efforts and address policy issues related to the control of lead hazards.

The Development of the Elimination Plan – Advisory Committee

In December 2003, the CLPPP convened an advisory committee for the purpose of developing a comprehensive strategic plan for the elimination of childhood lead poisoning in the state of Florida by the year 2010. This task force brought together representatives from state, federal and local agencies, as well as international and community based organizations. From December 2003 through May 2004 the committee met monthly via conference call to discuss and define the mission and strategies for Florida’s elimination plan. Dr. David Johnson, Medical Executive Director, Division of Environmental Health, served as the moderator for these meetings and facilitated discussions of current legislative proposals, funding opportunities, case management agreements, and partnership development. The committee members also participate in one or more of the following subcommittees: housing, screening and surveillance,

outreach and education, foreign sources and case management. Additional representatives from local housing authorities, county health departments, community organizations, faith based institutions, colleges, universities and other interested entities will be invited to review the strategic plan and participate in one or more of the work groups. The work groups will remain active throughout the implementation of the plan. Meetings will give local agencies and organizations the opportunity to seek expert guidance from the Advisory Committee members and share local expertise and experiences to develop best practices.

One result of these Advisory Committee meetings is the completed Strategic Plan to Eliminate Childhood Lead Poisoning in Florida (the plan). The document addresses opportunities and defines specific activities for reaching the 2010 elimination goal. Florida's CLPPP sees this jurisdiction-wide planning document as an opportunity to lead state, federal and local entities in efforts to protect children from this completely preventable disease. After submission to the CDC, the CLPPP will distribute the finalized plan to Advisory Committee members and key stakeholders including federal, state and local agencies, private health care providers, Medicaid and Medicaid managed care providers, community coalitions and other child health advocates to solicit their input, support, and participation in the implementation of the plan. The plan will be evaluated annually to assure accomplishment and to improve prevention strategies. Elimination strategies will be analyzed and changed as needed.

Problems and Challenges Encountered

The first goals of the planning efforts are small, as there are many statewide challenges to reaching the elimination goal. There currently are few lead poisoning prevention measures incorporated in state or local policy. Florida state agencies do not have authority to establish a statewide lead abatement certification program. The lack of an EPA accredited lead based paint control program has been a barrier to leveraging much needed federal monies for lead based paint hazard reduction through The Agency for Housing and Urban Development. We are currently working on a legislative budget proposal for the 2005 state legislative session to establish the authority we need to implement such a program.

The Florida CLPPP is small with limited economic and human resources. The program is supported by CDC funding, which has decreased over time. CLPPP continues to focus on its own role in lead surveillance and primary prevention yet realizes the importance of developing partnerships at the state and local level. The program is still educating stakeholders about the importance of eliminating childhood lead poisoning sources and will continue building support among them for the implementation of the strategic plan to eliminate lead poisoning. As we are able to engage additional stakeholders, e.g. representatives from local governments and local

housing authorities (the primary managers of lead hazard reduction activities) we anticipate that we will be able to develop more ambitious goals and increase activities towards elimination.

Imported cases of lead poisoning present an additional challenge in the effort to eliminate cases of childhood lead poisoning in Florida. Resistance of target populations to change high risk behaviors and customs may stand in the way of prevention efforts. The program and its partners will continue efforts working to empower communities from within.

BACKGROUND

Florida defines childhood lead poisoning as children less than 72 months with blood lead levels of 10µg/dL or greater of whole blood measured from a venous specimen or blood lead levels of 10µg/dL or greater measured from two capillary draws taken within 12 weeks of one another. According to the CDC, Florida ranks eighth in the nation for number of estimated children with elevated blood lead levels. The CDC has further estimated that there are 7,400 children with elevated blood lead levels in nine Florida cities that have a population of or greater than 100,000. The cities of Jacksonville and Miami rank thirty-first and thirty-second, respectively, among large cities in the United States with an estimated 1,900 lead poisoned children.

Sources and Pathways of Exposure in Florida

Lead Based Paint Hazards: Lead based paint found in older homes is still the most important remaining source of lead in the environment. The residential use of lead based paint was banned in 1978; homes built before that time potentially contain lead based paint. As homes with lead based paint age, the paint begins to deteriorate. Deterioration is exacerbated around friction surfaces and on surfaces exposed to weatherization, such as exterior surfaces or areas affected by leaks or other types of structural damage. The dust created when paint wears is easily accessible to children because it often settles on floors or bare soil where they are likely to play. Renovation or construction work done in older homes containing lead based paint is also a likely cause of harmful concentrations of hazardous lead dust in the environment of a child.

Although it is difficult to determine the actual number of properties in Florida that contain lead based paint hazards, a review of 2000 census data for Florida indicates that there are approximately 433,564 housing units built before 1950 and approximately 2,000,000 housing units built before 1970. This is concerning as lead based paint containing up to 50% lead was in widespread use through the 1940's. The use and manufacture of lead based paint declined during the 1950's and thereafter, however, lead based paint continued to be available for use in residential dwellings until 1978.

Age of home is a useful indicator of the presence of lead based paint, but age alone does not indicate whether the paint is posing a significant health threat. Often age of home is looked at in combination with socioeconomic indicators because the combination can more effectively predict the likelihood of exposure to lead from lead based paint. For example, low

income families owning or renting homes built before 1978 have an increased risk of exposure due to the lack of financial resources needed to maintain paint surfaces.

Certain counties in Florida have larger concentrations of pre-1950, pre-1970 housing and renter occupied housing. These counties are Duval, Miami-Dade, Pinellas, Broward, Escambia, Hillsborough, Leon, Orange, Palm Beach and Polk, as seen in Table 1 below.

Table 1. Housing Characteristics of Target Counties.

County	Pre-1950 Housing Units*	Pre-1970 Housing Units*	Total Housing Units	Total Rental Properties*
Miami-Dade	92,214	375,676	852,278	326,833
Duval	40,449	136,912	329,778	111,778
Pinellas	38,135	197,151	481,573	121,029
Hillsborough	34,539	129,501	425,962	139,978
Palm Beach	20,957	114,997	556,428	119,961
Orange	18,809	96,531	361,349	131,839
Polk	17,242	64,620	226,376	49,642
Broward	20,377	218,843	741,043	199,565
Escambia	18,182	45,732	124,647	36,197
Leon	5,089	23,461	103,974	41,366
State	433,564	2,042,904	7,302,947	1,889,455

* 2000 Census data.

Take-Home Lead from Occupations and Hobbies: A number of work and hobby environments expose adults to lead and may result in exposure or lead poisoning for their families. Parents or caretakers whose occupations or hobbies expose them to lead have the potential to transfer hazardous lead dust from their place of work or recreation to the car, home or yard where it becomes accessible to young children or pregnant mothers.

A number of businesses and industries involving lead or lead products in Florida have been linked with elevated blood lead levels in adults, and take-home exposures have been documented as causing lead poisoning in young children across the state. A formal analysis has not yet been done to determine the full impact on Florida cases in children less than 72 months of age, but at this time anecdotal evidence supports the need for further investigation of this exposure source.

Foreign Sources: Florida's diverse population of immigrants, refugees, and foreign-born children (e.g. out-of-country adoptions) are at-risk groups for lead poisoning because of specific high-risk behaviors and customary use of foreign products containing unsafe levels of lead. High risk customs and behaviors often continue after re-locating to Florida and include; the use of herbal and home remedies, the use of lead contaminated pottery, imported candies, and hobby/occupational practices such as battery recycling and car repair.

Florida is the resettlement site for a large number of Cuban and Haitian refugees, as well as immigrants from Mexico. Children relocating to Florida from these and many other countries have arrived with elevated levels of lead in the blood. These exposures are likely caused by the continued wide use of leaded gasoline, unregulated industrial lead emissions and cottage industries involving the recycling of lead products in the country of origin.

Consumer Products: In Florida, consumer products containing unsafe levels of lead are a source of exposure to children that is small, yet concerning. Products of significance include children's jewelry, mini-blinds, lead-glazed pottery, fishing lures, stained glass, tile, sidewalk chalk, and ammunition.

Florida's "At Risk" Populations

All children under the age of 72 months are potentially at risk for lead poisoning because children naturally have more hand-to-mouth activity than adults, and their developing bodies absorb lead more readily than adults. Children less than six years of age living in homes built before 1978, foreign-born children and children whose families participate in activities such as the use of leaded pottery, non-western home remedies and cottage industries involving lead have an increased risk of lead poisoning. Also of specific concern are children of low-income families and minority populations who frequently live in older homes that are in substandard or deteriorated conditions. Children cared for by adults involved in hobbies or occupations involving lead or lead products are also at higher risk for lead poisoning.

Risk for environmental exposure to lead has been shown to differ significantly by race and economic status. The many subtle demographic and socioeconomic differences in Florida's large pediatric population underscore the importance of addressing the preventable condition of childhood lead poisoning. Currently, Florida is the fourth largest state in the nation and has the nation's fourth highest live birth rate. It is home to an estimated one million children less than 72 months of age. The state also has over 300,000 Medicaid-eligible children (indicating low income) less than 72 months. According to the 2000 census non-whites comprise roughly 22 percent of Florida's population and 16.7 percent of the population is

foreign-born. These demographic statistics illustrate the distinct vulnerability of Florida's pediatric population to the lead sources discussed above.

METHODOLOGY, REFERENCE SOURCES AND FORMAT

Reference Sources

An essential step in defining strategies to eliminate childhood lead poisoning in Florida was reviewing past successes and barriers to screening, surveillance and primary prevention interventions. The CLPPP has looked at its previous yearly and quarterly program reports and has also discussed and reviewed reports of the three previously funded county CLPPP programs in Duval, Miami-Dade and Pinellas counties. CLPPP has also reviewed the previous and current efforts and challenges of other county health departments serving high-risk areas; these areas include Hillsborough, Polk, Palm Beach, Broward and Orange counties. Despite receiving minimal CLPPP funding, county health departments in these areas contribute significantly to the states primary prevention efforts.

Florida CLPPP also looked to activities occurring outside of the state for guidance on this plan. Reviewing and discussing activities of other CLPPP programs specifically in Detroit, Pennsylvania, South Carolina, North Carolina and Michigan, gave rise to ideas that have been incorporated into the plan. In addition, the new committee of rural CLPPP states facilitated the sharing and development of ideas for providing primary prevention interventions in rural areas with older homes and concentrations of families with risk factors.

Data

Data from a number of sources were used to develop this plan. Florida's lead poisoning surveillance data were used throughout as guidance for targeting primary prevention activities. Data were also used to determine baseline measures in a number of areas including screening rates by location and age group. Housing and income data were collected from the Florida Department of Community Affairs, the Agency for Housing and Urban Development and the 2000 Census. Florida's Agency for Health Care Administration (AHCA) provided essential data on the number of children eligible for Medicaid. CDC data were also used.

Methodology

In addition to data collections and discussions with other city, county and state CLPPP programs, Florida's planners used a logic model to assist in the development of the strategic plan. The logic model served as a graphic picture of the strategic directions, or elements, of the elimination plan. It allowed the program to work backwards from the mission and impact goals to define focused objectives, anticipated outcomes as well as activities needed to achieve elimination.

The Logic Model also visually showed the added value of interrelationships between key focus areas. Activities shown in the model and discussed in the plan may support objectives in one or more of the plan elements, or focus areas. The interrelationships of activities and objectives under each plan element are extremely important to the plan. The logic model allowed planners to recognize and build upon these connections.

Format

The plan distinguishes five focus areas as necessary elements to achieving the 2010 goal of eliminating childhood lead poisoning in Florida. The elements include: Screening and Surveillance, Primary Prevention, Lead Source Identification and Remediation, Policy and Regulatory Development, and Leveraging Funds. Each plan element contains a brief narrative discussing the history and need for the objectives and activities it contains. The narrative is followed by a long term year goal supported by 12 month, time phased, measurable objectives with activities.

EVALUATION PLAN

Evaluation is an essential component of the plan to eliminate childhood lead poisoning in Florida. It will be critical to utilize data from evaluation activities to focus state resources on policies and strategies that are most effective. For this reason, various activities taking place at CLPPP programs in Miami-Dade, Pinellas and Duval counties will be evaluated on a quarterly basis, with results presented to the state and Advisory Committee for consideration and rapid adjustment of procedures if justified.

The first element of the evaluation plan is to monitor the implementation of the specific goals and objectives in each of the five focus areas of the plan. This process evaluation will take place by the program coordinators to ensure all activities are completed in a timely and thorough fashion. It will be the responsibility of the program coordinators in the three CLPPP counties to report the status of their goals and objectives for each quarter. The epidemiologists in the three counties will be available to assist in gathering and presenting any required data and coordinating the presentation of the process indicators to the state program and advisory committee.

A detailed analysis of the outcomes of the plan's goals and objectives, and the plan's overall success at accomplishing the goal areas will constitute the second element of the evaluation plan. Outcome evaluation of primary prevention activities, especially health education interventions will be challenging and time consuming. The outcome and impact of health education interventions will be evaluated by capturing changes in participants' knowledge, skills and attitudes. Several tools will need to be employed in order to effectively capture these changes. They include pre and post tests, surveys, interviews, and planned observation of established indicators. Quantifiable indicators are defined in several of the objectives. Progress on these objectives will be measured as compared to 03-04 baseline numbers.

The overall success of the efforts listed in this plan to prevent and eventually eliminate lead poisoning will be evaluated by measuring decreases in one or all of the following:

- The incidence of lead poisoned children <2 years of age with blood lead levels ≥ 20 .
- The incidence of lead poisoned children <2 years of age.
- The incidence of lead poisoned children <6 years of age.
- The mean blood lead level of children in Florida.

An epidemiological analysis of the incidence and prevalence will also be performed to evaluate impacts on populations that traditionally have faced a disproportionate burden of lead poisoning. Particular attention will be paid to children of parents with low-income levels (as determined by Medicaid eligibility, Section 8 participation, or other indicators), minorities, residents of high-risk communities and other at-risk groups identified by activities within the plan.

The impact of the plan on the removal of lead hazards from Florida's housing stock will also be evaluated. Lead hazard remediation is not currently tracked in Florida, but efforts will be made to begin doing so in current grant year. These numbers will be used as the baseline for measuring changes occurring over the span of the plan.

MISSION STATEMENT

Mission

The mission of Florida's Strategic Plan to Eliminate Childhood Lead Poisoning is to protect the health and cognitive development of all children living in Florida by minimizing childhood exposure to all lead hazards.

Purpose

To leverage funding and combine public and private resources to increase and improve surveillance, screening, primary prevention, lead source identification, remediation and enact policy and legislation to protect Florida's children from lead poisoning.

PLAN ELEMENT 1 – SURVEILLANCE AND SCREENING

OVERVIEW

Lead poisoning became a notifiable disease in Florida in 1992. The CLPPP was established in the same year, with funding from the CDC, to conduct laboratory-based surveillance. The first laboratory data were collected in 1993 and housed in a database located in the Department of Health Bureau of Environmental Epidemiology, now the Bureau of Community Environmental Health in Tallahassee.

The Florida Statutes, Chapter 381, “Report of Diseases of Public Health Significance to Department”, and Chapter 64D-3, of the Florida Administrative Code, “Control of Communicable Diseases and Conditions Which May Significantly Affect Man”, address the reporting of notifiable diseases by laboratories. Laboratories have a 72-hour time frame in which to report an elevated blood lead level with the following identifying information:

- Name and date of birth of the patient from whom the specimen was taken.
- Name, address and telephone number of the processing laboratory.
- Diagnostic test performed, specimen type and result.

In addition to the above, laboratories must supply:

- Address including zip code, telephone number, race, sex, ethnicity and social security number of the patient.

If these are not available then laboratories must supply:

- Name, address, and telephone number of the submitting physician or health care provider.

In addition to these minimum requirements outlined in the Florida Administrative Code, the program also requests:

- An indication if the individual is receiving Medicaid.
- That all blood lead test results (not only those greater than or equal to 10µg/dL) be reported.
- That all reports be submitted via regular mail service on a computer diskette or encrypted and emailed.

Over the years efforts by the program to build relationships and create partnerships has led to continuous improvement in the quality and quantity of data collected. The statute does not require blood lead levels less than 10µg/dl to be reported, although strong working relationships with reporting labs have led to the reporting of these data. The analyzed data have given insight into areas of high prevalence enabling the program to target its education and outreach efforts to improve screening rates. Presently blood lead level results and

accompanying information are routinely entered, checked for quality and merged to the main database. Program staff maintain laboratory data in Microsoft Access.

Screening rates have also increased over the years. In 2002, 79,295 infants and children under six years of age were screened, and 736 (9.3/1,000) were reported as lead poisoned. Although a greater number of (n=877) lead poisoned children were identified in 2003, the rate positive per child screened dropped 19% from 9.3 to 7.5/1,000 (see Table 2).

**Table 2: Yearly Number of Children Screened and
Number of Confirmed Childhood Lead Poisoning Cases in Florida**

Year	Number Screened	Lead Poisoned Children	Case Rate (per 1,000 screened)
2001	69, 264	467	6.7
2002	79,295	736	9.3
2003	117,674	est. 877	7.5

Efforts to improve screening rates will begin with a focus on those at highest risk for lead poisoning including children less than 72 months of age who live in high-risk zip code areas, are Medicaid eligible, or are immigrating or seeking refuge in Florida. An initial assessment of current screening rates of young children with characteristics identified above will take place in early 2005. Information beyond what is normally collected in the childhood blood lead surveillance database is necessary for this analysis and will be gained in part by exchanging data with the Agency for Health Care Administration (ACHA). Other necessary data will be collected from the Miami-Dade County Health Department Refugee Health Assessment Center. The knowledge gained through this analysis will be used to define and focus physician education activities and community awareness efforts.

In order to increase screening, it is essential to reach the physicians and medical providers responsible for providing lead screens and blood tests. One way the program plans on reaching this population is by updating the 2001 Childhood Lead Poisoning Screening Guidelines and distributing the new capillary protocol developed to reduce the number of unsats or QNS reports. The new guidelines will include language about the 2010 elimination goal, Florida's Childhood Lead Poisoning Elimination strategies and will stress the important role blood lead screening plays in protecting children from this preventable disease. The updated guidelines will be used to guide screening practices and will be made available online before June 30, 2005. Additional efforts include an on going coordination with Medicaid and Women Infant and Children (WIC) programs to promote screening of children at risk along with updating and distributing the screening tool maps showing high-risk zip codes.

Long Term Goal: Ensure all children at risk are screened for lead poisoning and ensure the most effective use of statewide surveillance data.

OBJECTIVES AND ACTIVITIES FOR SURVEILLANCE

Year One - July 1, 2004 to June 30, 2005

Objective 1: By June 30 2005, CLPPP will improve data collection and use by developing a new statewide database to house child and adult blood lead levels and amending state reporting legislation to require labs to report all blood lead levels.

Activities:

- Propose language in Florida's Laboratory Reporting Statute to require electronic reporting of all blood lead levels.
- Build a database to house all blood lead levels reported to the state including historical and adult data.
- Develop a yearly data analysis plan.
- Create a standard definition for an imported case of childhood lead poisoning to include as a field in the new database.
- Create and provide quarterly and annual reports to the public via the web.

Year Two - July 1, 2005 to June 30, 2006

Objective 1: By June 30, 2006, CLPPP and state partners will develop and implement a yearly data analysis plan and provide information to stakeholders and the public.

Activities:

- Analyze data according to the data analysis plan.
- Develop charts and graphs and narratives to include in the data report.
- Provide data report to targeted stakeholders via mail/web.
- Provide data analysis info to public via the web.
- Evaluate the impact and effectiveness of the data report.

OBJECTIVES AND ACTIVITIES FOR SCREENING

Objective 1: CLPPP and state partners will increase the number of at-risk children screened by 5% annually between 2004-2009.

Year One - July 1, 2004 to June 30, 2005

Activities:

- Match lead screening and health care provider information with Medicaid enrollment and assigned provider information to determine the screening performance rate of Medicaid providers and work with AHCA to distribute results to Medicaid providers.
- Identify neighborhoods with the majority of at-risk housing and the majority of children with the highest blood lead levels and target outreach and education efforts.
- Use Geographic Information Systems (GIS) to map individual lead poisoning cases by zip code, showing elementary school boundaries, and city council districts. Distribute maps to providers, city council districts, schools and providers.
- Include screening rate analysis in yearly data analysis plan & distribute to encourage self-improvement of rates by providers.
- Update and publish screening guidelines.
- Promote formal and sustainable linkages and partnerships with WIC, Dental, Immunization and Community Health and Minority Health to increase screening.
- Coordinate screening at Head Start Centers in high-risk areas.
- Distribute Capillary Protocol
- Monitor reduction of unsats/QNS after distribution of Capillary Protocol

Year Two - July 1, 2005 to June 30, 2006

Additional Activities:

- Coordinate with the Medicaid program office to obtain Medicaid enrollment data, including name, age, race, address and health care provider information.
- Collaborate with Medicaid program office to promote screening of Medicaid enrolled children especially those living in the targeted high risk zip code areas.
- Organize county wide work group to plan and implement a pilot Medicaid analysis project for the state.
- Monitor on an annual basis the screening rate of targeted providers to determine compliance with screening recommendations.
- Monitor unsats/QNS reports and provide technical assistance as needed to reduce number

- Conduct outreach to low screening Medicaid physicians by office visits, mail-outs and newsletters to identify screening barriers and to encourage screening.
- Meet with and maintain formal and sustainable linkages and partnerships with WIC, Dental, Immunization and Community Health and Minority Health to increase screening.
- Coordinate screening at Head Start Centers in high-risk areas.
- Survey medical providers to determine barriers to screening

Years Three - Five July 1, 2006 to June 30, 2009

Additional Activities:

- Report on screening rates to target physicians.
- Continue targeted medical professional education efforts.
- Conduct outreach to low screening Medicaid physicians by office visits mail-outs, and newsletters to identify screening barriers and to encourage screening.
- Maintain formal and sustainable linkages and partnerships with WIC, Dental, Immunization and Community Health and Minority Health to increase screening.
- Monitor unsat/QNS reports and provide technical assistance as needed
- Continue screening at Head Start Centers in high-risk areas.

PLAN ELEMENT 2 - PRIMARY PREVENTION

OVERVIEW

Traditionally the approach to childhood lead poisoning has been reactive; action to identify and reduce lead hazards has followed the identification of a child with an elevated blood lead level. These efforts are necessary and will continue, however, they will not be enough to protect other children from being poisoned.

Florida aims to drastically reduce childhood exposure to lead hazards in the environment and the home by continuing primary prevention activities including public outreach campaigns and structured education programs. These efforts began in Florida in 1992. Since then state and local lead programs have focused their efforts on identifying high-risk populations, such as Medicaid-enrolled, immigrant and refugee children and zip code communities with a high percentage of pre-1978 housing in order to determine the focus areas for primary prevention efforts. These activities will continue as education and outreach efforts expand in number and impact.

The state plans to improve and increase the number of education and outreach efforts focused on: 1) professionals whose work impacts the safety of children and families at risk for lead poisoning, 2) families at risk and 3) families already affected by lead poisoning. The goal of these efforts will be to provide families, communities and professionals with the knowledge, tools, and services needed to empower them to protect children from lead hazards. To accomplish this goal the program plans on expanding statewide capacity to:

- 1. educate the public**
- 2. educate professionals**
- 3. support organizations providing comprehensive case management**

These primary prevention activities cannot be accomplished by one activity or by one entity. The above strategies will require coordinated efforts and the development of lasting partnerships between federal, state and local agencies or organizations involved in: 1) protecting and fostering the health and development of young children, 2) providing safe and affordable housing, 3) supporting and educating families, 4) serving foreign populations, 5) training and protecting workers and 6) protecting consumers.

Planned, structured and guided health education and outreach activities are cost effective methods of protecting children from lead poisoning. Efforts to educate the public will include providing health education interventions to pregnant mothers and families with young children living in target zip codes, refugee or immigrant families with young children and pregnant mothers and families with children considered low income and/or receiving medicaid.

Professional education will focus on a number of professional groups including physicians, landlords, early childhood educators, health educators, social workers, policy makers, local government officials, home renovators and contractors. The long term goal is to make these professionals aware of their responsibility to protect Florida's children and to also provide them with knowledge, resources and technical assistance to contribute to efforts to reach the 2010 elimination goal.

Case management services are also integral to primary prevention because case management activities present opportunities to reach families directly and prevent ongoing exposure to lead hazards. Case management activities also provide opportunities to identify the sources and pathways of lead exposure for children. When collected, these data will allow the state to address lead poisoning more effectively.

The overall primary prevention goal of providing families, communities and professionals with the knowledge and tools needed to protect children from lead poisoning will be reached via numerous activities targeting Florida's diverse at-risk audiences. Activities having the largest impact on the largest number of at-risk individuals will be given precedence over others. Learning objectives will be defined and program impact evaluated for each education program developed and implemented.

Long Term Goal: Provide families, communities and professionals with the knowledge and tools needed to protect children from lead poisoning.

OBJECTIVES AND ACTIVITIES FOR PUBLIC EDUCATION

Objective 1: CLPPP and state partners will increase the number of community members reached by public lead education and outreach campaigns by 5% annually between July 1, 2004 and June 30, 9.

Year One - July 1, 2004 to June 30, 2005

Activities:

- Develop survey to determine baseline awareness of target populations.
- Develop an educational awareness and outreach campaign directed to parents with young children who have occupations and hobbies using lead products.
- Partner with faith based and community-based organizations such as the Kiwanis club to promote lead poisoning awareness and education in high risk areas.

- Develop outreach campaign and education programs targeting the Hispanic community.
- Establish a partnership with the State's Healthy Start and School Readiness programs to incorporate lead awareness into their home visiting and educational outreach initiatives for pregnant mothers and mothers with young children.
- Develop a marketable in-home education program for at-risk families.
- Develop public service announcements in English, Creole and Spanish.

Year Two - July 1, 2005 to June 30, 2006

Additional Activities:

- Provide family centered health education to at-risk families.
- Provide a childcare center lead education program.
- Increase community partnerships.
- Identify and train volunteers from non-profit and faith-based organizations to provide family centered health education interventions and community education programs.
- Develop a marketable lead education program, test on focus group, gather feedback and execute for early childhood care and education centers including pre-schools, Head Start Programs, and Kindergartens.
- Develop a marketable community partnership concept and implement.
- Develop public service announcements, test through focus groups, and provide in English, Creole and Spanish.
- Administer public awareness survey to determine increased awareness.

Years Three – Five July 1, 2006 to June 30, 2009

Additional Activities:

- Evaluate and continue all effective public education and outreach activities.
- Get assistance from volunteers and non-profit organizations to provide family centered health education interventions.

OBJECTIVES AND ACTIVITIES FOR PROFESSIONAL EDUCATION

Objective 1: CLPPP and State partners will increase the number of landlords, state and local agency employees, remodelers, doctors, nurses, social workers, teachers, early

childhood educators, and other professionals reached by lead education campaigns by 5% annually between 2004 and 2009.

Year One - July 1, 2004 to June 30, 2005

Activities:

- Develop a Lead Safe Work Practice (LSWP) train-the-trainer curriculum, by researching sources such as, but not limited to, the National Association of Remodeling Industry and the University of Florida's Energy Extension Service.
- Diagram a training schedule for the three local CLPPPs to provide training in neighboring target counties.
- Create an education campaign directed toward landlords, real estate professionals and property managers on the dangers of lead poisoning and the reasons for the EPA Disclosure Rule.
- Form local alliances to foster partnerships between contractors, builders groups, local government, city government, schools, non-profit organizations, businesses.
- Provide education materials to paint retailers and hardware stores.
- Develop outreach campaign directed at pediatric care providers, including Medicaid providers, to increase screening rates.
- Deliver environmental medicine training to physicians in target Florida cities.
- Develop and conduct educational outreach campaign for identified businesses contributing to adult lead poisoning, potentially collaborate with OSHA.

Year Two - July 1, 2005 to June 30, 2006

Additional Activities:


- Develop and provide an education campaign for policy makers.
- Work with the Department of Community Affairs to provide an 'Addressing Lead Based Paint in Federally Funded Housing' training to managers of federal housing monies in Florida.
- Provide Lead Safe Worker Training.
- Implement the medical provider outreach education campaign.

Years Three - Five July 1, 2006 to June 30, 2009

Additional Activities:

- Evaluate and update the medical provider outreach education campaign.
- Develop a training to teach non-profit, faith based and community organizations how to integrate lead and healthy home initiatives to organization activities.
- Evaluate and continue providing all effective professional education campaigns.

OBJECTIVES AND ACTIVITIES FOR CASE MANAGEMENT

Objective 1: By June 30, 2006, CLPPP and Children's Medical Services (CMS) will ensure that 70% of all  dren with elevated blood lead levels above 20µ/dL are offered timely, comprehensive case management including environmental health investigation and in-home health education.

Year One - July 1, 2004 to June 30, 2005

Activities:

- Partner with CMS to establish a seamless referral process for children with elevated blood lead levels focusing on those showing signs of developmental delay.
- Increase the number of children screened for developmental delays by providing Ages and Stages Developmental screening training for case managers and recommending that all children with blood lead levels $\geq 10 \mu\text{g/dL}$ be screened.
- Perform a comprehensive risk assessment concerning exposures in both the United States and country of origin, for lead poisoned children who have recently arrived in the United States (within one year).
- Strengthen the communication process with health care providers to ensure that children with elevated blood lead levels receive timely medical follow up.
- Evaluate case management efforts and provide prompt technical assistance to case managers.

Year Two - July 1, 2005 to June 30, 2006

Additional Activities:

- Develop a case management tool kit containing a process flow chart, data collection materials, educational benchmark checklists, an environmental health investigation report template and family interaction recommendations.
- Provide lead education and case management training about methods of lead safe cleaning, importance of proper nutrition and obtaining lead hazard reduction services to interested CMS case managers and interested county health department employees.
- Evaluate and adjust referral protocol with CMS as needed.
- Evaluate case management tool kit and provide prompt adjustment as needed.
- Evaluate case management efforts provide prompt technical assistance to counties or case managers in need.

Years Three – Five July 1, 2006 to June 30, 2009**Additional Activities:**

- Ensure all new CMS and DOH CHD case managers are trained in the Florida EBL case management protocol.
- Provide ongoing technical assistance to case managers.
- Explore opportunities to include other state agencies in the provision of case management activities.

PLAN ELEMENT 3 - LEAD SOURCE IDENTIFICATION AND REMEDIATION

OVERVIEW

The elimination of childhood lead poisoning will be impossible without a drastic reduction in the presence of accessible lead hazards in the environment of children. During Year One, CLPPP plans to develop capacity to collect and analyze data on the sources, pathways and probable causes of elevated blood lead levels in children. A surveillance database will be set up to collect and analyze environmental data gathered during environmental investigations of lead poisoned children. Currently, these reports are collected at the county level but have never been systematically gathered or analyzed at a statewide level. A formal request has been made to submit these reports to the State CLPPP so they can be entered into the new Environmental Investigation Database. Analyzing information collected in this database will show the primary sources of exposure, such as lead based paint, soil, take-home lead dust or foreign goods. It will help the state and its localities determine how to prioritize primary prevention efforts. The Environmental Public Health Tracking program in the Division of Environmental Health may also contribute to these efforts by collecting information regarding the level of lead in air, water and soil. These data will be used to determine if air, water and soil lead levels are contributing factors in childhood lead poisoning. If so, partnerships may be developed with the EPA, FL DEP and private industry to combine efforts to eliminate hazards.

Controlling residential lead hazards is expected to be the most complicated yet the most effective means of preventing childhood lead exposure in the future. Controlling these hazards in the hundreds of housing units across Florida will be an extremely complex undertaking. The diversity of housing stock and the variability of existing or potential lead paint hazards makes planning and implementing lead hazard control programs in a cost effective manner extremely complicated. No single strategy or entity can be relied upon to approach the issue of lead based paint hazard control. A combination of strategies will be needed and may include leveraging and distributing public subsidies, establishing regulatory standards, harnessing market forces and using liability and insurance incentives. These activities will be carried out by various public agencies, private organizations and industries.

Long Term Goal: Develop surveillance database, coordinate lead source identification activities and target lead hazard remediation efforts to minimize childhood exposure to all lead hazards.

OBJECTIVES FOR LEAD SOURCE SURVEILLANCE

Year One - July 1, 2004 to June 30, 2005

Objective 1: CLPPP and partners will develop a statewide database and a system to record and report all sources of lead discovered during environmental health investigations. By June 30, 2005, CLPPP and partners will ensure 60% of all environmental investigation reports are submitted to the state.

Activities:

- Determine the needed data fields and develop the lead source database.
- State and county CLPPP programs will develop a system for documenting and reporting information collected during environmental health investigations.
- Provide non CLPPP counties with needed documentation tools and with reporting protocol for environmental investigations.
- Conduct routine surveillance for potential lead hazards in the community through data analysis, community outreach and door-to-door activities in the community.
- Work with community organizations to begin voluntary in-home lead dust sampling programs.
- Collect information from HUD relating to lead safe properties.
- Gather data on at-risk houses.

Year Two - July 1, 2005 to June 30, 2006

Objective 1: By October 30, 2005, CLPPP will match adult blood lead data with childhood blood lead data to determine if there is a relationship between adult lead levels and lead levels in children.

Activities:

- Finalize the new database to house adult and child data.
- Run program to match names and addresses in both data sets.
- Report relevant findings to businesses and industries exposing adults and to the public.

Objective 2: By June 30, 2006, CLPPP and state partners will provide the public with information relating to the sources of lead poisoning in Florida.

Activities:


- Explore a classification system for lead-safe and lead-free housing units.
- Develop a website for homeowners, landlords and management companies to register property as lead-safe.
- Develop and implement a yearly lead source data analysis and reporting plan.
- Use media, Internet, mail-outs and newsletters to disseminate findings.

Objective 3: By June 30, 2006, CLPPP will work with state partners to develop a database list of businesses that manufacture, produce, distribute and/or use lead products that may present an increased risk of lead exposure.

Activities:

- Check SIC codes list for Florida, the Toxic Release Inventory and other available databases to identify the names and addresses of businesses using lead and enter into a statewide database.
- Use addresses of businesses using lead to map using GIS.
- Work with CHD's to identify records of sites that are potential lead hazards.

Year Three - July 1, 2006 to June 30, 2007

Objective 1: By June 30, 2007, CLPPP and state partners will provide the public with collected information relating to the identification of lead based paint hazards in all 67 nties.

Activities:

- Implement annual lead source data analysis and reporting plan.
- Utilize web site to disseminate analysis results.

OBJECTIVES FOR LEAD SOURCE REMEDIATION**Year One - July 1, 2004 to June 30, 2005**

Objective 1: By June 30, 2005, CLPPP and partners will prepare to increase the number of pre-1950 homes that undergo lead remediation.

Activities:

- Use surveillance activities to identify areas with homes built before 1950.
- Coordinate lead safe work practices training at various locations throughout the state.

- Provide information on ground cover and plants to reduce exposure to lead in bare soil areas in the community and distribute to libraries, physicians offices and neighborhood centers.
- Connect families affected by lead poisoning to funding sources for lead hazard reduction/abatement services.
- Provide families with identified lead based paint and dust hazards with educational and cleaning supplies and materials to empower families to create and maintain lead safe homes.

Objective 2: By June 30, 2005, CLPPP and state partners will increase the number of homes that undergo interim control measures to prevent childhood exposure to leaded soil by 5%.

Activities:

- Partner with agricultural extension services to provide families with materials needed to remediate soil hazards
- Explore partnerships with public sector to provide materials needed to remediate soil and lead hazards such as Lowe's or Home Depot.
- Provide information on ground cover and plants to reduce exposure to bare soil areas in the community and distribute to libraries, physicians offices and neighborhood centers.
- Connect families affected by lead poisoning to funding sources for lead hazard reduction/abatement services.
- Provide families with identified lead based paint and dust hazards with educational and cleaning supplies and materials.

Years Two - Five July 1, 2005 to June 30, 2009

Objective 1: CLPPP and partners will increase the number of pre-1978 homes that undergo lead based paint remediation by 5% annually between 2005-2009.

Activities:

- Partner with agricultural extension services to provide families with materials needed to remediate soil hazards.
- Explore partnerships with public sector to provide materials needed to remediate soil and lead hazards such as Lowe's or Home Depot.

- Provide information on ground cover and plants to reduce exposure to bare soil areas in the community and distribute at libraries, physicians offices, and neighborhood centers.
- Connect families affected by lead poisoning to funding sources for lead hazard reduction/abatement services
- Provide families with identified lead based paint and dust hazards with educational and cleaning supplies and materials.

PLAN ELEMENT 4 - DEVELOP POLICY AND LEGISLATION

OVERVIEW

The elimination of childhood lead poisoning cannot solely depend upon the good faith efforts of individuals, agencies, organizations or private industry. Regulatory authority must be developed to ensure that the proper steps are taken to ensure children and pregnant women are protected from lead hazards in their homes and in the environment. While the regulatory process is often lengthy and complicated with uncertain results, it is essential to eliminating childhood lead poisoning. Florida's ability to reach the elimination goal rests on the readiness of state and local governments to enact regulations and policy that will: 1) encourage property owners and landlords to maintain lead safe homes for young children, 2) establish rules for lead safe work practices and clearance testing through an EPA approved lead professional certification program and, 3) provide needed enforcement power to local authorities.

A salient issue for the program and the Florida Department of Health is the development of an EPA approved contractor, worker and risk assessor/inspector certification program in the State of Florida. At this time, all lead workers, contractors and risk assessors and clearance technicians must become certified by the EPA. If a Florida lead professional certification program is developed and approved by the EPA, it will enable the state to administer its own certification program, which could provide more trainings for individuals at lower costs, thereby increasing the number of knowledgeable individuals available to perform lead safe remediation and abatement activities. Ultimately the program could increase the number of lead safe houses because the certification program would qualify the state for funding through HUD's Lead Hazard Control Grant Program.

To date the CLPPP has not significantly involved itself in local issues relating to code enforcements of rental properties. Other states and cities, however, have shown successes in using code enforcement to encourage or demand that landlords maintain lead safe homes when renting to families with children under 72 months old. The program intends to further explore these options and provide local governments models that have been used to ensure children are protected from lead based paint hazards in rental properties.

Long Term Goal: Establish regulations and policies at the state and local levels to support the creation and maintenance of lead safe housing for families with young children.

OBJECTIVES AND ACTIVITIES FOR POLICY AND REGULATORY DEVELOPMENT

Year One - July 1, 2004 to June 30, 2005

Objective 1: By June 30, 2005, CLPPP staff will draft legislation to create a lead paint professional certification program.

Activities:

- Propose legislation providing Florida DOH the authority to develop and manage an EPA-authorized lead paint professional certification program.
- Research other state certification programs to ensure best practices.
- Obtain EPA funding for certification program development.

Objective 2 : By June 30, 2005, CLPPP staff will develop a local policy tool kit to provide city government and local officials to assist in the development of local policies to protect children from lead based paint hazards.

Activities:

- Work with the Advisory Council and local authorities to develop a local policy tool kit.
- Create an education campaign directed toward policy makers at the state and local level.
- Support organizations in establishing local policy dealing with lead based paint hazards.

Year Two - July 1, 2005 to June 30, 2006

Objective 1: By June 30, 2006, CLPPP and state partners will discuss local policy efforts with 10 city and local government entities.

Activities:

- Distribute the local policy tool kit to help city and local governments develop regulations and policy to protect children from lead based paint hazards.
- Schedule meetings with city and local government officials.

Year Three - July 1, 2006 to June 30, 2007

Objective 1: By June 30, 2007, CLPPP staff will establish an EPA accredited lead paint professional certification program.

Activities:

- Obtain EPA funding to support Year One certification activities.

- Complete EPA state or tribal certification program accreditation application.

Year Four – July 1, 2007 to June 30, 2008

Objective 1: By June 30, 2008, CLPPP and state partners will certify 5 training providers, 10 contractor firms, 10 supervisors, 50 lead workers and 20 risk assessors.

Activities:

- Train and certify training providers.
- Advertise training.
- Schedule and provide supervisor, lead worker, risk assessor and inspector courses throughout the state.

Year Five - July 1, 2008 to June 30, 2009

Objective 1: By June 30, 2009, CLPPP and state partners will certify 10 training providers, 20 contractor firms, 20 supervisors, 75 lead workers and 40 risk assessors.

Activities:

- Advertise and provide trainings in partnership with Florida Department of Community Affairs in multiple locations across the state.

PLAN ELEMENT 5 - LEVERAGE FUNDS

OVERVIEW

In order to achieve the nation's Healthy People 2010 goal to eliminate childhood lead poisoning, the state and communities must work hard to increase the amount of funding available for primary prevention and lead source elimination. Significant funding will be needed to support the activities detailed in this plan.

The physical reduction of lead based paint hazards will remain the most costly but the most effective means of protecting children from lead poisoning. Unfortunately, those most in need of these services do not have the financial means of obtaining them. Poor and minority communities disproportionately bear the highest burden for exposure to environmental hazards, including lead. Low-income families may have fewer choices in housing and are often forced to live in poorly maintained housing that may be hazardous for lead. For this reason it is necessary for the state to obtain funding to support these families and communities in creating and maintaining lead safe homes and environments.

Long Term Goal: Increase the use of public and private funds for primary prevention activities and lead source identification and remediation efforts.

OBJECTIVES AND ACTIVITIES FOR LEVERAGING FUNDS

Objective 1: By June 30, 2009, CLPPP and State partners will increase the amount of public and private funds used in Florida to support activities towards the 2010 elimination goal by 50%.

Year One - July 1, 2004 to June 30, 2005

Activities:

- State and local CLPPP programs will provide technical assistance to entities applying for HUD funds and will continue to participate as co-applicants with entities such as city, county and housing agencies of HUD, Healthy Homes, and similar grants as they become available.
- Cooperate with and support the City of Jacksonville, as recipient of the HUD grant.
- Create a list of foundations, corporations and federal agencies with available funding and distribute to interested state entities.

- Work with Medicaid to establish direct reimbursement for case management activities including in-home health education and environmental investigation.
- Approach legislators for funding to support the creation of a EPA accredited Lead Based Paint Management Program.

Year Two - July 1, 2005 to June 30, 2006

Additional Activities:

- Update and distribute list of foundations, corporations and federal agencies with available funding and distribute to interested state entities.
- State CLPPP and local CLPPP programs will continue to provide technical assistance to entities applying for HUD funds .
- Continue to participate as co-applicants with entities such as city, county and housing agencies of HUD, Healthy Homes and similar grants as they become available.
- Approach legislators for state funding to support CLPPP program activities no longer funded by CDC.

Years Three - Five July 1, 2006 to June 30, 2008

Additional Activities:

- DOH will apply for EPA funding to support Lead Based Paint Management Program.

IMPLEMENTATION WORK PLANS

The attached implementation work plans will be used by the Florida state and county CLPPP programs and state partners to guide and ensure progress towards the goals and objectives defined in the strategic plan. Additional tools to collect information about statewide activities and to measure process and impact will be created in Year One and used throughout the implementation of the plan.

Florida's Work Plan for Eliminating Childhood Lead Poisoning

PLAN ELEMENT 1: SURVEILLANCE AND SCREENING

Surveillance Goal: Ensure the most effective use of statewide surveillance data.		Objective, Year 1: Improve data collection and use by developing a new database to house child and adult blood lead data and by amending state laboratory reporting law to include all blood lead levels.			
Activity	Measure	Accountable	Others Responsible	Completion Goal	Status
Propose language in Florida's Laboratory Reporting rule to require electronic reporting of all blood lead levels	Conference calls to discuss data measurements, needs, uses, and plans.	State Coordinator	State Medicaid Program Office	Q1	Currently in discussion with DOH Bureau of Epi and Enviro Health
Contact other state for reporting rules.	Contact completed and examples obtained.	State Coordinator	DOH	Q1	
Contact other states for feedback on adult and child database systems.	Contact documented and feedback obtained.	State Coordinator	Local Program Coordinators ABLES Prog	Q1	In contact with ABLES in other states
Contact other states for feedback on imported lead definition.	Draft definition completed.	State Coordinator		By 10/31/04	
Submit draft case definition and data analysis plan and submit for feedback.	Draft case definition and data plan completed.	State Coordinator	Advisory Committee	By 10/31/04	
Develop draft laboratory reporting rule and submit for feedback.	Draft completed, routed and comments obtained.	State Coordinator	DOH Bureau of Epi/Enviro Health	By 11/30/04	
Finalize data fields, definitions, data plan, and submit information for database to programmer.	Database information submitted to programmer.	DOH Tech And State Coordinator	Local Program Coordinators	By 12/31/04	
Finalized for legislation review.	Submitted for proposed legislation session.	State Coordinator	DOH Bureau of Epi/Enviro Health	By 1/31/05	.
Compile adult and child as well as other program data for progress report.	Completed progress report.	State Coordinator	Local Program Coordinators	By 2/15/05	
Make corrective action measures as indicated.	Changes made as needed.			Ongoing	
Outcome Measure: State administrative rule requires all blood lead results to be reported.					

Florida's Work Plan for Eliminating Childhood Lead Poisoning

Surveillance Goal: Ensure the most effective use of statewide surveillance data.		Objective, Year 2: CLPPP and partners will implement yearly data analysis plan and provide information to stakeholder and the public.			
Activity	Measure	Accountable	Others Responsible	Completion Goal	Status
Analyze data according to the data analysis plan	Quarterly QA assessment of data	State Coordinator	Local Program Coordinators	Q1-Q4 ongoing	
Develop charts and graphs	Copies reviewed internally prior to distribution	State Coordinator	Local Program Coordinators Epi	Q1-Q4 ongoing	Currently reviewing data analysis of local progs
Hard copies distributed and reviewed via mail	Conference call with local coordinators to review data	State Coordinator	Local Program Coordinators	Q1-Q4 ongoing	
Provide data analysis info to public via the web, and to target audiences, i.e. providers	Data analysis posted on web site by the end of month proceeding quarter	State Coordinator	Local Program Coordinators/ DOH Tech Support/ACHA	biannual Q2 and Q4 ongoing	State Coordinator in Front Page Training
Evaluate the effectiveness of surveillance reports	Yearly feedback from program partners.	State Coordinator	Local Program Coordinators/ACHA/Providers	Q1-Q4 ongoing	
Outcome Measure: State statutes require all blood lead results to be reported.					

Florida's Work Plan for Eliminating Childhood Lead Poisoning

PLAN ELEMENT 1: SURVEILLANCE AND SCREENING -SCREENING-

Screening Goal: Ensure all children at risk are screened for lead poisoning.

Objective, Year 1: CLPPP and state partners will increase the number of at-risk children screened by 5% annually between 2004-2009.

Year One Activities	Measure	Accountable	Others Responsible	Completion Goal	Status
Match lead screening and health care provider information with Medicaid enrollment to determine screening performance rate.	Report developed and distributed to Medicaid providers	State Coordinator	AHCA	Q1-Q4 ongoing	ACHA is currently in first phases of matching data with CLPPP database
Identify neighborhoods with the majority of at-risk housing and children with highest blood lead levels	Listing of zip codes with highest prevalence of lead poisoning based on age of homes and children lead levels.	State Coordinator	Local Program Coordinators	12/31/04	Using current surveillance data to identify in target areas
Using GIS map individual cases by zip code, showing elementary school boundaries, and city council districts.	Distribute maps and results to providers and other State and local partners including schools and city council districts	State Coordinator	GIS Program Office Local Program Coordinators	3/31/05	
Include screening rate analysis in yearly data analysis plan	Distribute results in end of year, annual report.	State Coordinator		Biannual ongoing	
Update screening guidelines	Publish guidelines to local program coordinators and county health departments for distribution to providers	State Coordinator	Local Program Coordinators	By 12/31/04	
Distribute capillary protocol	Distributed protocol to providers	State Coordinator	Local Program Coordinators	By 6/30/05	
Continue to monitor unsats/QNS and false positives	Decrease in unsats/QNS	State and Local Coordinators	Providers, ACHA, Local program coordinators	Q1-Q4 ongoing	
Meet with local WIC, Dental, Immunization, Refugee, Community and and Minority Health offices	Document meetings to increase screening opportunities at respective clinics and appropriate screening rates.	Local Program Coordinators	State Coordinator	By 9/30/04	
Coordinate screening at Head Start centers in high-risk areas	MOU and schedule of screening dates at high-risk sites	Local Program Coordinators	State Coordinator	By 7/31/04	Currently taking place in Pinellas County
Outcome Measure: Increase the annual number of at-risk children screened statewide from 117,674 in 2003 to 124, 550 in 2004.					

Florida's Work Plan for Eliminating Childhood Lead Poisoning

SCREENING YEAR TWO

Year 2 Activities	Measure	Accountable	Others Responsible	Completion Goal	Status
Coordinate with Medicaid program office to obtain enrollment data	Listing from Medicaid program office, including name, age, race, address and health care provider information.	State Coordinator	AHCA	10/31/05	
Collaborate with Medicaid program office to promote screening of enrolled children living in high-risk zip code areas	Charter/MOU between State Lead Program Office and ACHA to distribute capillary protocol, screening guidelines, and provider screening rates	State Coordinator	Local Lead and Medicaid Program Offices	11/30/05	
Organize statewide workgroup to plan and implement a pilot Medicaid analysis project for the state	Periodic conference call meetings scheduled and minutes distributed among participants	State Coordinator	Local Lead and Medicaid Program Offices	Q1-Q4 ongoing	
Monitor screening rates of targeted providers on annual basis to determine compliance with screening recommendations	Report by each local program on compliance rates of targeted providers	State Coordinator	Local Lead and Medicaid Program Offices	6/30/06	
Conduct outreach to low screening Medicaid physicians	Documented and report on periodic office visits, mail outs and newsletters.	Local Program Coordinators		4/30/06	
Survey Medicaid providers to determine screening barriers	Screening barriers identified from outreach visits	Local Program Coordinators		6/30/06	
Outcome Measure: Increase the annual number of Medicaid children screened statewide by 5%.					

SCREENING YEARS THREE - FIVE

Years 3-5 Activities	Measure	Accountable	Others Responsible	Completion Goal	Status
Report on screening rates to physicians	Quarterly screening reports to private physicians	Local Program Offices	Provider groups	Q1-Q4 ongoing	
Conduct education efforts to targeted medical physicians	Quarterly newsletters, mail outs and phone calls	Local Program Offices	Provider groups	Q1-Q4 ongoing	
Conduct outreach to low screening Medicaid providers	Outreach visits	Local Program Offices	Local Medicaid Office	Q1-Q4 ongoing	
Maintain partnerships and linkages with local clinics	Screening rates continue to increase annually at local clinics	Local Program Offices	Local Clinics (WIC, Immunization, Dental, etc)	Q1-Q4 ongoing	
Coordinate with Head Start high-risk centers on yearly program	MOU and schedule of screening dates	Local Program Offices	Local Head Start program offices	Q1	
Outcome Measure: Increase the annual screening rates of children in high-risk areas and number of Medicaid children statewide by 5%.					

Florida's Work Plan for Eliminating Childhood Lead Poisoning

PLAN ELEMENT 2: PRIMARY PREVENTION -PUBLIC EDUCATION-

Public Education Goal: Provide families, communities and professionals with knowledge and tools needed to protect children from lead poisoning.	Objective, Year 1: CLPPP and state partners will increase the number of community members reached by public lead education and outreach campaigns by 10% in 05-09
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Year 1 Activities	Measure	Accountable	Others Responsible	Completion Goal	Status
Develop an educational awareness and outreach campaign directed to parents with young children who have occupations and hobbies using lead products	Conduct 6 educational presentations per quarter	Local Program Offices		Q1-Q4 ongoing	
Partner with faith-based and community based organizations such as Kiwanis clubs to promote awareness and education in high-risk areas	Establish partnership with one entity biannually, two per year.	Local Program Offices	Community, Faith Based Organizations	12/31/04 06/30/05	
Develop outreach campaign and education programs targeting the Hispanic community	Conduct one educational presentation per quarter to the Hispanic community	Local Program Offices		Q1-Q4 ongoing	
Establish partnership with State's Healthy Start and School Readiness programs	Lead awareness package for case worker home visits to pregnant mothers and mothers of young children	Local Program Offices, State Coordinators	Healthy Start, Early Intervention, CMS, MCH	9/30/04	
Develop a marketable in-home education program for at-risk families	Marketable packages prepared for home visits	Local Program Offices	MCH, CMS	9/30/04	
Develop public service announcements in English, Creole and Spanish	Announcement prepared for use	Local Program Offices	State Coordinator, Identified focus groups	9/30/04	
Outcome Measure: Increase public education and outreach campaigns annually by 10%					

Florida's Work Plan for Eliminating Childhood Lead Poisoning

Year 2 Activities	Measure	Accountable	Others Responsible	Completion goal	Status
Provide family center and childcare center lead education program	Standardized lead education program (e.g. brochures, pamphlets, etc...)	Local Program Offices	Licensing Board	12/31/05	
Identify and train volunteers and non-profit organizations to provide community education programs	Train one volunteer biannually, two per year to provide education intervention and community ed programs	Local Program Offices	Community & faith based Organizations	Q2, Q4 ongoing	
Develop marketable lead education program to pre-schools, Head Start programs and Kindergartens	Marketable packets prepared for recurring use (Brochures, pamphlets, newsletters, etc)	Local Program Offices		10/31/05	
Develop a marketable community partnership concept	Implement concept statewide and to other state's for use	State Coordinator	Local Program Offices	3/31/06	
Update public service announcements in English, Creole and Spanish	Announcement prepared for use	Local Program Offices		9/30/05	
Outcome Measure: Increase public education and outreach campaigns annually by 10%					

Years 3-5 Activities	Measure	Accountable	Others Responsible	Completion goal	Status
Continue to get assistance from volunteers and non-profit organizations to provide family centered health education intervention	Train one volunteer annually and establish partnership with one non-profit organization annually.	Local Program Offices State Coordinators	Community organizations, faith based orgs, AmeriCorps etc.	06/30/07	
Outcome Measure: Increase public education and outreach campaigns annually by 10%					

Florida's Work Plan for Eliminating Childhood Lead Poisoning

PLAN ELEMENT 2: PRIMARY PREVENTION -PROFESSIONAL EDUCATION-

Professional Education Goal: Provide families, communities and professionals with knowledge and tools needed to protect children from lead poisoning.	Objective, Year 1: CLPPP and state partners will increase the number of landlords, state and local agency employees, remodelers, doctors, nurses, social workers, teachers, early childhood educators, and other professionals reached by lead education campaigns by 5%.
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Year One Activities	Measure	Accountable	Others Responsible	Completion goal	Status
Develop Lead Safe Work Practices (LSWP) train-the-trainer curriculum	Training schedule for three local CLPPPs for training in neighboring targeted counties	State Coordinator	Univ of Florida, Local Program Officers, Masi Max, DCA	09/30/04	
Create education program to landlords, real estate and property managers	Training program prepared for presentation	State Coordinator	Local Program Offices, DCA	01/31/05	
Form local alliances to foster partnerships between professional builders' groups, local gov and school reps and non-profit businesses	One local alliance per year	Local Program Offices	State Coordinators, DCA	06/30/05	
Develop outreach campaign directed at pediatric care and Medicaid providers to increase screening	Outreach campaign packages prepared for presentation	Local Program Offices	ACHA	09/30/04	
Use PACE EH funds to deliver environmental medicine training to physicians in target cities	EM trainings delivered to 20 physicians	State and Local Coordinators	PACE counties, Duval	10/31/04	
Develop and distribute to businesses contributing to adult lead poisoning	Outreach campaign packages prepared for presentation	Local Program Offices	NIOSH, OSHA, DBPR, ABLES	02/28/05	
Outcome Measure: Increase professional education and outreach campaigns annually by 5%.					

Florida's Work Plan for Eliminating Childhood Lead Poisoning

Year 2 Activities	Measure	Accountable	Others Responsible	Completion goal	Status
Develop and provide education campaign for policy makers	Outreach campaign prepared for presentation	State Coordinator		10/31/05	
Work with Dept of Community Affairs to provide an training program for managers of federal housing in Florida	Course materials prepared for presentation	State Coordinator	DCA	12/31/05	
Provide Lead Safe Worker Training	Schedule one class biannually in target areas	Local Program Offices	DCA	Q1-Q4 ongoing	
Conduct medical provider outreach education	Conduct one outreach session per quarter	Local Program Offices	ACHA, Private Providers, Hospitals	Q1-Q4 ongoing	
Outcome Measure: Increase professional education and outreach campaigns annually by 5%.					

Years 3-5 Additional Activities	Measure	Accountable	Others Responsible	Completion goal	Status
Evaluate and update medical provider outreach campaign	Updated education package	State and Local Program Offices	ACHA, Private Providers	06/30/07	
Develop training for non-profits, faith based organizations on healthy home initiatives.	Updated education package	State and Local Program Offices	Community partners, Kiwanis	06/30/07	
Outcome Measure: Increase public education and outreach campaigns annually by 10%					

Florida's Work Plan for Eliminating Childhood Lead Poisoning

PLAN ELEMENT 2: PRIMARY PREVENTION -CASE MANAGEMENT-

Case Management Goal: Provide families, communities and professionals with knowledge and tools needed to protect children from lead poisoning.	Case Management Objective, Year 1: By June 30, 2006, CLPPP and CMS will ensure that 90% of all children with elevated blood lead levels above 20 ug/dL are offered timely, comprehensive case management including environmental health investigation, in-home health education.
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Year 1 Activities	Measure	Accountable	Others Responsible	Completion goal	Status
Partner with CMS, establish a referral process for those with developmental delays	Seamless referral process for children with elevated lead levels	State and Local Program Offices	CMS	09/30/04	
Provide Ages and Stages Developmental screening training for case managers	Case Managers attend training course	Local Program Offices	CMS, DOH nurses	09/30/04	
Perform risk assessment of exposures in foreign born, lead poisoned children, residing here for one year	QA review of medical records to ensure assessment is included	Local Program Offices	Provider Partners	Q1-Q4 ongoing	
Strengthen communication with health care providers to ensure timely follow up	QA review of medical records to ensure that communication with providers is included	Local Program Offices	Providers	Q1-Q4 ongoing	
Evaluate case managers efforts, provide feedback	Establish checklist to conduct quarterly QA review of medical records to ensure all documentation is correct	Local Program Offices	State Coordinator, CMS	Q1-Q4 ongoing	

Florida's Work Plan for Eliminating Childhood Lead Poisoning

Year 2 Activities	Measure	Accountable	Others Responsible	Completion goal	Status
Develop case management tool kit (process flowchart, checklists, etc...)	Tool kit developed	Local Program Offices	State Coordinator, other CLPPP states, CDC	09/30/05	
Provide lead education and case management training about cleaning, nutrition, and info about hazard reduction services	Training courses scheduled quarterly and conducted with interested CMS case managers	Local Program Offices	State Coordinator, CMS	06/30/06	
Evaluate and adjust referral protocol	Revised referral processed developed and distributed	Local Program Offices	State Coordinator and CMS	09/30/05	
Evaluate case manager's toolkit and provide feedback	Provide technical assistance to counties or case managers in need	Local Program Offices	Case Managers	12/31/04	

Year 3 Activities	Measure	Accountable	Others Responsible	Completion goal	Status
Ensure all new CMS, DOH CHD case managers are trained in the Florida EBL case management protocol	100% case managers are trained within 6 months of being assigned.	State and Local Program Offices	CMS	06/30/07	
Outcome Measure: <i>No outcome measure specified (May want to use a timeframe of being trained within one year of assignment)</i>					

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PLAN ELEMENT 3: LEAD SOURCE IDENTIFICATION AND REMEDIATION

Lead Source Identification and Remediation: Develop surveillance database, coordinate lead source identification activities and target lead hazard remediation efforts to minimize childhood exposure to all lead hazards.	Source Surveillance Objective, Year 1: By June 30, 2005, CLPPP and partners will develop a statewide and a system to record and report all sources of lead discovered during environmental health investigation (EHI), risk assessments and other surveillance efforts.
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Year 1 Activity	Measure	Accountable	Others Responsible	Completion goal	Status
Develop lead source database	Determine needed data fields	State Coordinator, DOH Tech Support	Local Program Offices		
Develop a system for documenting and reporting information from EHIs	State Program Office receive EHIs	State and Local Program Offices	Risk Assessors, Private Consultants	Q1-Q4 ongoing	
Provide non-CLPPPs with documentation tools and reporting instruction	State Program Office sends instruction notices	State Coordinator	Non-CLPPPs Office	Q1 ongoing	
Conduct routine surveillance for potential hazards in air, water, soil	Quarterly reports identifying hazards found	Local Program Offices, Community partners, DEP	State Coordinator	Q1-Q4 ongoing	
Work with community organizations to begin voluntary in-home, lead sampling programs	Quarterly inspections and reports to State office	State coordinator, Local Program Offices, EPA	Community organizations, and other groups	Q1-Q4 ongoing	
Collect information from HUD relating to lead safe properties	Listing lead safe properties in target areas	Local Program Offices	DCA	12/31/04	

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Lead Source Identification and Remediation: Develop surveillance database, coordinate lead source identification activities and target lead hazard remediation efforts to minimize childhood exposure to all lead hazards.	Source Surveillance Objective 1, Year 2: By October 31, 2005 CLPPP will match adult blood lead data with childhood blood lead data to determine if there is a relationship between adult lead levels and levels in children.
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Year 2 Activity	Measure	Accountable	Others Responsible	Completion goal	Status
Finalize the new database to house adult and child data	Run program to match names and addresses in both data sets	State Program Office, DOH IT	Local Program Offices	12/31/05	
Report relevant findings to businesses and industries exposing adults and to public	Include in periodic newsletter, memos to particular businesses and industries, and web publication	State Coordinator Local Program Offices	NIOSH, ABLES, OSHA	03/31/06 06/30/06	

Lead Source Identification and Remediation: Develop surveillance database, coordinate lead source identification activities and target lead hazard remediation efforts to minimize childhood exposure to all lead hazards.	Source Surveillance Objective 2, Year 2: By June 30, 2006 CLPPP and state partners will provide the public with information relating to the sources of lead poisoning in Florida.
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Year 2 Activity	Measure	Accountable	Others Responsible	Completion goal	Status
Develop website for homeowners, landlords and management companies to register property as lead-safe	Website average over 100 hits per month	State Coordinator	DCA	12/31/05	
Use multi-media forums to disseminate findings	Quarterly newsletters disclose recent findings	Local Program Offices	State Coordinator	Q3-Q4 ongoing	

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Lead Source Identification and Remediation: Develop surveillance database, coordinate lead source identification activities and target lead hazard remediation efforts to minimize childhood exposure to all lead hazards.		Source Surveillance Objective 3, Year 2: By June 30, 2006 CLPPP will work with state partners to develop a database list of businesses that manufacture, produce, distribute and/or use lead products that may present an increased risk of lead exposure.			
Year 2 Activity	Measure	Accountable	Others Responsible	Completion goal	Status
Check SIC codes list for Florida, the Toxic Release Inventory, and other available databases	Names and addresses of businesses using lead entered into the statewide database	State Coordinators	Local Program Offices	06/30/06	
Update GIS map with addresses	GIS map updated with businesses using lead	State Coordinators	GIS Program Office, Health Tracking	06/30/06	
Work with CHDs to identify records of sites that are potential lead hazards	Listing of sites statewide with potential hazards	State Coordinators	Local Programs and Applicable CHDs, DEP and ATSDR	ongoing	
Year 3 Activity	Measure	Accountable	Others Responsible	Completion goal	Status
Update lead source data analysis and report	Post analysis results on the State's web site	State Coordinators, CHARTS	Local Program Offices	06/30/07 ongoing	CHARTS on FL DOH web site

Lead Source Identification and Remediation: Develop surveillance database, coordinate lead source identification activities and target lead hazard remediation efforts to minimize childhood exposure to all lead hazards.	Lead Source Remediation Objective 1, Year 1: By June 30, 2005 CLPPP and state partners will prepare to increase the number of pre-1950 homes that under lead remediation by 1%.
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Year 1 Activity	Measure	Accountable	Others Responsible	Completion goal	Status
Identify areas with homes built before 1950 through surveillance activities	Listing of areas with at risk, substandard homes built pre-1950	State Coordinators	Local Program Offices	12/31/04 ongoing	
Provide information on ground cover and plants to reduce exposure	Information packages prepared for distribution	State Coordinators	Miami-Dade CLPPP, FIU	10/31/04 ongoing	
Identify families affected by lead poisoning to funding sources for reduction/ abatement services	Listing of families affected by lead poisoning	State Coordinators	Local Program Offices, LHCG mgrs, CDBG	03/31/05 ongoing	
Promote measures to reduce lead exposure in homes of lead poisoned children	Give cleaning supplies + materials to families w/ children identified as lead poisoned (≥ 20 ug/dL)	Local Program Offices	State Coordinator	ongoing	

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Lead Source Identification and Remediation: Develop surveillance database, coordinate lead source identification activities and target lead hazard remediation efforts to minimize childhood exposure to all lead hazards.	Lead Source Remediation Year 1, Objective 2: By June 30, 2005 CLPPP and state partners will increase the number of homes that undergo interim control measures to prevent childhood exposure to lead soil by 5%.
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Year 1 Activity	Measure	Accountable	Others Responsible	Completion goal	Status
Partner with agricultural extension services	Provide families with materials needed to remediate soil hazards	Miami-Dade CLPPP	State Coordinators	12/31/04 ongoing	Brochure already developed in south FL
Partner with public sector businesses such as Lowe's or Home Depot	Provide materials needed to remediate soil hazards	Local Program Offices	State Coordinators, private partners	03/31/05 ongoing	
Provide information on ground cover to reduce exposure to bar soil areas	Distribute information in all county libraries, physicians' offices and neighborhood centers	Local Program Offices	State Coordinators	06/30/05 ongoing	Brochure already developed in south FL
Connect families at risk for lead hazard reduction/ abatement services	Listing of families affected by lead poisoning	Local Program Offices, LHCG mgrs, Housing Authorities	State Coordinators	06/30/05 ongoing	Duval CHD has partnership with HUD LHC grant

Lead Source Identification and Remediation: Develop surveillance database, coordinate lead source identification activities and target lead hazard remediation efforts to minimize childhood exposure to all lead hazards.	Lead Source Remediation Years 2-5, Objective 1: CLPPP and state partners will increase the number of pre-1978 homes that undergo lead based paint remediation by 5% annually between 2005-2009.
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Years 2-5 Additional Activities	Measure	Accountable	Others Responsible	Completion goal	Status
Produce information on ground cover to reduce exposure to bare soil areas	Distribute information in all county libraries, physicians' offices and neighborhood centers	Local Program Offices	State Coordinators	06/30/06	Info already distributed in Miami-Dade

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PLAN ELEMENT 4: DEVELOP POLICY AND LEGISLATION

Policy and Regulatory Development: Establish regulations and policies at the state and local levels to support the creation and maintenance of lead safe housing for families with young children.	Policy and Regulatory Development Year 1, Objective 1: By June 30, 2005 CLPPP staff will draft legislation to create a lead paint professional certification program.
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Year 1 Activity	Measure	Accountable	Others Responsible	Completion goal	Status
Propose legislation to give DOH authority to develop and manage lead paint certification	Florida DOH given authority to manage an EPA-authorized lead paint certification program	State Coordinators	Local Programs	03/31/05 Ongoing until passed	Statute and proposal written and submitted to DOH Division of Enviro Health for review
Research other state certification programs to ensure best practices	Obtain samples of three other state's programs	State Coordinators	Region 4 state certification prog managers	12/31/04	Partnerships developed with all Region 4 states.
Obtain funding for certification program development from EPA	Sufficient funds obtained	State Coordinators		06/30/05	Relationship developed with EPA Region 4

Policy and Regulatory Development: Establish regulations and policies at the state and local levels to support the creation and maintenance of lead safe housing for families with young children.	Policy and Regulatory Development Year 1, Objective 1: By June 30, 2005 CLPPP staff will develop a local policy tool kit to provide city government and local officials to assist in the development of local policies to protect children from lead based paint hazards.
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Year 1 Activity	Measure	Accountable	Others Responsible	Completion goal	Status
Work with Advisory Committee and local authorities to develop tool kit	Tool kit distributed to local authorities	State Coordinators	Advisory Committee	03/31/05	
Create education campaign toward policy makers	Education campaign prepared for presentation	State Coordinators	Advisory Committee	03/31/05	

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Policy and Regulatory Development: Establish regulations and policies at the state and local levels to support the creation and maintenance of lead safe housing for families with young children.		Policy and Regulatory Development Year 2, Objective 1: By June 30, 2006 CLPPP staff will develop a local policy tool kit to provide city government and local officials to assist in the development of local policies to protect children from lead based paint hazards.			
Year 2 Activity	Measure	Accountable	Others Responsible	Completion goal	Status
Work with local authorities to distribute local policy tool kit and education campaign	Local regulations and policies to protect children from lead based paint hazards	State Coordinator	Local Governments	06/30/06 ongoing	

Policy and Regulatory Development: Establish regulations and policies at the state and local levels to support the creation and maintenance of lead safe housing for families with young children.		Policy and Regulatory Development Year 3, Objective 1: By June 30, 2007 CLPPP staff will establish an EPA accredited lead paint professional certification program.			
Year 3 Activity	Measure	Accountable	Others Responsible	Completion goal	Status
Obtain EPA funding to support certification activities	DOH authorized to grant lead based paint certification to professionals removing lead based paint	State Coordinator	EPA	06/30/07	
Complete process to acquire certification program accreditation	Complete EPA state or tribal certification program accreditation application	State Coordinator	EPA	06/30/07	

Policy and Regulatory Development: Establish regulations and policies at the state and local levels to support the creation and maintenance of lead safe housing for families with young children.		Policy and Regulatory Development Year 4, Objective 1: By June 30, 2008 CLPPP and state partners will certify five training providers, ten contractor firms, ten supervisors, 50 lead workers, 20 risk assessors			
Year 4 & 5 Activities	Measure	Accountable	Others Responsible	Completion goal	Status
Train and certify providers	Five providers trained	State Coordinator	FIU, TRIO	10/31/07 ongoing	
Advertise and schedule training for supervisor, lead worker, risk assessor and inspector courses	Certify ten contractor firms, ten supervisors, 50 lead workers, 20 risk assessors and two inspectors	State Coordinator	Duval CHD	06/30/08 ongoing	

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PLAN ELEMENT 5: LEVERAGE FUNDS

Leverage Funds: Increase the use of public and private funds for primary prevention activities and lead source identification and remediation efforts.		Leverage Funds Objective: By June 30, 2009 CLPPP staff and state partners will increase the amount of public and private funds used in Florida to support activities towards the 2010 elimination goal by 50%.			
Year 1 Activity	Measure	Accountable	Others Responsible	Completion goal	Status
Provide technical assistance to entities applying for HUD funds for Healthy Homes	Participate as co-applicant with city, county or housing authority in five HUD sponsored grants	State Coordinator	Local Program Offices	06/30/05 ongoing	
Support Duval CLPPP with City of Jacksonville HUD grant	Write Lessons Learned report	State Coordinator	Duval CLPPP	06/30/05 ongoing	
Create list of foundations, corporations and federal agencies with available funding and distribute to interested entities	Develop and distribute list	State Coordinator	Local Program Offices	03/31/05 ongoing	
Discuss with Medicaid office opps to establish direct reimbursement for case management activities including in-home health and environmental education	MOU between Medicaid office and State Program Office to identify process and methods for reimbursement	State Coordinator	State Medicaid Office and Local Program Offices ACHA	06/30/05 Ongoing	

Year 2 Activity	Measure	Accountable	Others Responsible	Completion goal	Status
Update list of foundations, corporations and federal agencies with available funding	Updated list	State Coordinator	Local Program Offices	06/30/06 ongoing	
Continue to improve with application process for entities applying for HUD funds	Research other state programs	State Coordinator	Local Program Office	12/31/05 ongoing	
Continue to participate as co-applicant with other entities applying for HUD grants	Provide technical assistance and participate as co-applicant for ten entities applying for HUD funds	State Coordinator	Local Program Offices	06/30/06 ongoing	

Year 3 Activity	Measure	Accountable	Others Responsible	Completion goal	Status
DOH apply for EPA funding	Budget for EPA certification activities	State Coordinator		06/30/07 Ongoing	

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